STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002999	A. BUILDING _____ B. WING _____	C 05/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT WINDERMERE	9745 OLYMPIA DR FISHERS, IN 46038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00107885. Complaint IN00107885 - Substantiated. No deficiencies related to the allegation are cited. Survey dates: May 14 and 15, 2012 Facility number: 002999 Provider number: 002999 AIM number: N/A Survey team: Donna M. Smith, RN Census bed type: Residential: 96 Total: 96 Census payor type: Other: 96 Total: 96 Residential sample: 4 Hearth at Windermere was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00107885. Quality review 5/16/12 by Suzanne Williams, RN	R 000		